

ISSUE SLIP STAPLE AREA (for additional copy references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
CLP/E CLASSIFIER			
FORMALITY REVIEW	TH	1118	10-17-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☐ Rejected
☐ Allowed
☐ (through narrow) Cancelled
☐ Restricted
☐ Re-rejected
☐ Withdrawn
☐ Appeal
☐ Objected

Serial	Claim	Date	Serial	Claim	Date	Serial	Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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